

Applicant's Name

Last

First

M.I.



The Commercial & Savings Bank

\$1,000 Scholarship Program

For Wooster High School Seniors

Application form must be typewritten or printed

Please attach transcript to your application

Application must be returned to Wooster High School Guidance Office

Total Points: Selection Committee only:

____ Scholastic Record

____ Personal Achievement

____ Financial Need



Scholarship Application

Name: _____ Date: _____

Address: _____ Phone: _____

_____ email: _____

Birth Date: _____ Social Security # _____

County of Residence: _____

COLLEGE INFORMATION

College planning to attend: _____

Will you be attending: Full-time (12 or more credit hours) Part-time (6-11 credit hours)

Residence during school year: at home college dorm other

If other, please specify: _____

Major: _____ Expected Graduation Date: _____

YOUR PERSONAL ACHIEVEMENTS: NON-SCHOOL ACTIVITIES:

(Religious, Social, etc.) Give years of memberships and offices held.

YOUR PERSONAL ACHIEVEMENTS: SCHOOL ACTIVITIES:

(Clubs, Athletic, Academic, etc.) Give years of memberships and offices held.

YOUR PROFESSIONAL GOALS: *What are your professional goals and how does your intended further education contribute to these goals:*

YOUR FAMILY INFORMATION

Provide the following information about parents or guardians with whom you live:

Name of father/step-father/guardian (circle one): _____

Occupation: _____ Employer: _____

Name of mother/step-mother/guardian (circle one): _____

Occupation: _____ Employer: _____

Total number of people living in parents' household: _____

Number attending college in the next school year: _____

YOUR WORK HISTORY

<u>Employer</u>	<u>Position Held</u>	<u>Dates</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

AUTOBIOGRAPHICAL INFORMATION

In this space, provide some autobiographical information, which tells something about the kind of person you are. Please do not have counselors, teachers or your parents help you with this statement.

Signed: _____
(Student's Signature)

Print Name: _____

FINANCIAL AID INFORMATION

Approximate college cost:	Room & Board:	\$ _____
	Tuition:	\$ _____
	Total:	\$ _____

Parents' Contribution	\$ _____
Student Assets (<i>savings, summer earnings</i>)	\$ _____
PELL Grant	\$ _____
Ohio College Opportunity Grant	\$ _____
Federal Supplemental Education Opportunity Grant	\$ _____
College Financial Aid Offer (<i>Indicate Name of Award</i>)	\$ _____
Other Scholarship or Gift Aid (<i>Indicate Name of Award</i>)	\$ _____
Work Study	\$ _____

Total Financial Assistance available to you: \$ _____

Total Amount of Student Loans: \$ _____

Since this scholarship can be based on financial need, you may want to add any comments that will help the committee better understand your personal financial needs more fully:
